

State Department of Education
Child Nutrition Programs
Child and Adult Care Food Programs
PO Box 83720
Boise, ID 83720-0027

**Child and Adult Care Food Program
Civil Rights Data Collection Form for reporting
*Potential Participants --Centers***

Date of Count: _____ Participant Number: _____

Center Name/Address: _____

Center Director: _____

CATEGORIES

(County totals can be found on the Child Nutrition Programs website <http://www.sde.state.id.us/child/>, under CACFP,
Application Renewal Process, 2000 Racial/Ethnic Data by County)

HISPANIC OR LATINO:

Number of Participating Children: _____ County Total: _____

NOT HISPANIC OR LATINO:

Number of Participating Children: _____ County Total: _____

BLACK OR AFRICAN AMERICAN:

Number of Participating Children: _____ County Total: _____

ASIAN:

Number of Participating Children: _____ County Total: _____

AMERICAN INDIAN & ALASKA NATIVE:

Number of Participating Children: _____ County Total: _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:

Number of Participating Children: _____ County Total: _____

WHITE:

Number of Participating Children: _____ County Total: _____

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”